

Southern Arizona VA Health Care System Psychology Postdoctoral Fellowship Program 2023-2024

Thank you for considering the Southern Arizona VA Health Care System (SAVAHCS) Psychology Postdoctoral Fellowship Program!

The primary focus of our training is developing advanced training and competency in the treatment of trauma. Advanced competencies in the specific clinical areas include individual and group therapy, assessment, and provision of supervision. Within this framework, we tailor the experience to meet the fellow's professional development needs and interests.

Please be aware that pandemic and/or staffing issues may affect training available in any given year. Our staff is very flexible and works to accommodate training needs regardless of the circumstances.

The Postdoctoral Fellowship Program seeks energetic, personable, and well-qualified applicants with strong skills in the areas of assessment, individual therapy, group therapy, and consultation. We welcome and encourage multicultural, LGBTQ+ and in other ways diverse individuals to apply. A strong desire and evident dedication to treating veterans who have experienced trauma is a must. Interest and experience in the area of PTSD treatment should be evident in past training and/or experience. Applicants must be able to take initiative and function with good judgment, flexibility, and maturity. **Applications are due January 3rd.**

SAVAHCS is a federal and Equal Opportunity Employer. The Psychology Postdoctoral Fellowship Program places a high value on diversity and encouraging cultural competency.

The postdoctoral fellowship at the Southern Arizona VA Health Care System is accredited by the Commission on Accreditation of the American Psychological Association, beginning in 2013. Because of the pandemic, site visits were postponed and we remain fully accredited. Our most recent site visit was February, 2023.

Additional questions on program's accreditation status may be addressed to the Commission on Accreditation (COA):

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street NE Washington, D.C. 20002-4242
202-336-5979
apaaccred@apa.org [APA Accreditation - Home](https://www.apa.org/accreditation)

Should you have questions about the program after reading this brochure, please feel free to contact me for further information. We look forward to hearing from you!

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The Tucson metropolitan area, with a population of approximately 800,000, is situated within the Sonoran Desert within Pima County. Tucson is the second-largest populated city in Arizona behind Phoenix. The city is located 108 miles southeast of Phoenix and 60 miles north of the U.S.–Mexico border. Tucson is the 33rd largest city and the 53rd largest metropolitan area in the United States.

The city is surrounded by four mountain ranges with peaks of nearly 10,000 feet. Tucson is the one of the sunniest city in the U.S with mild winters and summers that usually have cool mornings and evenings with low humidity with most of the rain falling during monsoon season, which runs between July and September. The city offers an abundance of cultural and recreational activities. There are art galleries, symphony, ballet, theater and major entertainers that perform in the Tucson metropolitan area. The Native American and Hispanic cultures are major influences in the community. There are a wide variety of restaurants that offers Mexican, Asian, Italian, and traditional American dining.

Tucson is home to the University of Arizona, offering additional opportunities for sports (becoming a Wildcat fan, while not yet mandatory, is highly encouraged) and cultural events.

The mountains surrounding Tucson provide opportunities for hiking, camping, rock climbing and picnicking. It's an approximately an hour's drive to the southernmost ski resort in the U.S. at Mt. Lemmon (9200 feet). Between Tucson and Mt. Lemmon, you pass through all the climatic/environmental zones encountered between the desert of northern Mexico and the towering pine and fir forests of Canada. The Sonoran desert surrounding Tucson can be explored in comfort throughout fall, winter, and spring months. The Sonoran desert is home to the giant saguaros, with two Saguaro National Parks, one to the east and one to the west. The

beaches of northern Mexico, Oak Creek Canyon, the White Mountains and the Grand Canyon are all accessible for short vacations.

Official Web Page of the City of Tucson [City of Tucson](#)

Official Web Page for the Tucson Visitor Center [Visit Tucson](#)

Official Web Page for Pima County [Pima County](#)

Events [Upcoming Events in Tucson](#)

Important COVID-19 Information

With the pandemic still a health concern for our nation, SAVAHCS and the Psychology Training Program takes precautions to protect our Veterans and staff. Please be aware that full COVID-19 vaccination is a condition of employment. Please see further details under Eligibility for All VA Programs, 7.a., in Appendix A.

At this time (October 2021), when Veterans are seen in person, VA staff are required to wear a medical mask and plastic eye shield, provided by the VA. Because of the pandemic, many sessions are now conducted via video telehealth.

In addition, only FDA-approved medical grade type facemasks can be worn in a health care environment, to include our VA. No cloth masks or other disposable masks not FDA approved. The facility provides every employee with a new mask daily.

While we currently have a shared intern office, at times when the pandemic may become more acute, individual offices are assigned.

If you have any questions or concerns, please reach out to the interim training director.

Psychology Setting

The SAVAHCS Psychology staff includes 17 psychologists, including one consulting psychologist from the community. At this time, there are three active training supervisors in the postdoctoral program, however additional staffing is anticipated. Staff psychologists are available for consultation and/or mentoring as needed. We have an APA-accredited predoctoral clinical psychology internship in addition to the APA-accredited Postdoctoral Fellowship program. The next APA accreditation visit is scheduled for November 2021.

The Medical Center is affiliated with the University of Arizona, the Arizona Health Sciences Center, and Pima Community College in Tucson, Arizona State University in Tempe, and numerous other academic institutions. It has an approved residency program with training in all clinical specialties usually associated with a teaching facility. Special medical treatment programs include open-heart surgery, organ transplant surgery, neurosurgery, level II polytrauma, renal dialysis, and infectious disease (HIV) among others. Mental Health programs include an outpatient mental health clinic, an inpatient treatment unit, residential and outpatient substance abuse treatment, residential and outpatient PTSD treatment, and day programs. Most medical care is provided under the Primary Care model, in which multidisciplinary teams provide or coordinate all treatment of patients assigned to a particular team.

Clinical training is also offered to students in audiology and speech pathology, gerontology, nursing, pharmacy, psychology, social work, rehabilitation counseling (substance abuse), medical students and residents, and other specialties. The Medical Center is involved in a broad range of applied and basic scientific research in such areas as health services, heart disease, microcirculation, neurology, dementia, nursing, oncology, rehabilitation and depression.

Psychology Postdoctoral Fellowship Aim

The ultimate aim of the fellowship is to produce clinicians who are prepared to provide independent psychological services, show clear professional identity and behavior, and demonstrate a commitment to the integration of clinical skills with the scientific foundation of applied psychology. These are accomplished within the sphere of emphasis on treating trauma and PTSD with a veteran population.

Psychology Postdoctoral Fellowship Training Model and Program Philosophy

The mission of the Postdoctoral Fellowship training program is to provide quality health care in an educational environment with an emphasis on the importance of scientific research in informing clinical practice. In this scholar-practitioner model of training, treatment is informed by current research. Education involves the accumulation of theoretical, empirical and experiential knowledge. The clinical psychology postdoctoral fellowship at SAVAHCS provides a professional setting in which training is pursued primarily within the experiential sphere. The emphasis of the postdoctoral fellowship is therefore upon the development of clinical skill through supervised experience in the application of theoretical and empirical knowledge.

Although the experiential component of professional education is emphasized, theoretical and empirical issues are not neglected. Mental Health Continuing Education presentations occur approximately every two weeks throughout the year. Other seminars and symposia occur throughout the year at SAVAHCS, the University of Arizona, and the Arizona Health Sciences Center. The postdoctoral fellow engages in didactic work (similar to self-directed education in which the staff engages), where the fellow identifies several areas of interest and/or weakness to obtain further education in the area of trauma-related disorders. This work becomes the basis of a monthly Lunch and Learn Seminar hosted by the fellow.

Fellows develop skills in providing clinically relevant and efficacious assessment and treatment for veterans who have experienced trauma, specifically Prolonged Exposure, Cognitive Processing Therapy, and Motivational Interviewing. They will learn to evaluate and transform treatment programs, as well as develop new programs based on clinical research and veteran needs. These goals will be pursued in the context of programs serving several special populations. Currently, that is the Residential Rehabilitation Treatment Program (RRTP-PTSD) program, and when staff are again available, the outpatient combat-related PTSD Clinical Team (PCT) and Military Sexual Trauma (MST) Programs. In the meantime, trauma therapy experiences in outpatient settings are available, depending on the postdoctoral fellow's interests. The veteran population includes those veterans in the urban areas around Tucson, as well as rural areas of southern Arizona. Rural care includes consultation and tele-mental health for veterans in outlying areas covered by Community Based Outpatient Clinics (CBOCs) in Safford, Sierra Vista, Green Valley, Casa Grande, and Yuma.

Psychology Postdoctoral Fellowship Expected Competencies

- Integration of Science and Practice
- Ethical and Legal Standards
- Individual and Cultural Diversity
- Intervention
- Supervision
- Assessment
- Consultation and Interpersonal/interdisciplinary Skills
- Individual Professional Development

Program Structure

The Southern Arizona VA Health Care System (SAVAHCS) Postdoctoral Fellowship program is a full-time, one-year program, consisting of a 2080 hour training requirement, including authorized leave. The training is supervised experience designed to meet Arizona State Board of Psychologists criteria for supervised post-degree hours towards licensure, however, if the fellow plans to pursue licensure with additional requirements, we will tailor to that need. The starting date is flexible, beginning in August or September and must begin at the beginning of a pay period. The residency program workload will consist of primarily clinical work, estimated to be 60% of the time, 20% of scholarly inquiry (i.e., research/performance improvement/program evaluation), 10% inter-professional treatment team staffing/consultation, and 10% didactics/professional development with some flexibility on these percentages depending on individual areas of interest and inherent variations in accessible training opportunities. A minimum of four hours of regularly scheduled supervision will be provided per week. The salary is \$46,829 per year.

The fellow's program is individually tailored at the beginning of the year by the fellow and mentoring psychologist, taking into account individual training needs. This mentor-based model extends to didactic work, where the fellow identifies several areas of interest and/or weakness to address in the treatment and assessment of trauma-related disorders. This becomes the basis of a monthly brown bag seminar hosted by the fellow. Postdoctoral Fellows are expected to operate like other professional psychologists, and as such their weekly schedule will reflect involvement in the various trauma programs.

Each fellow selects a psychologist from the primary supervisory staff to serve as a mentor during the fellowship. The mentor supports the fellow's training and assists the fellow with non-clinical issues related to professional development, problem resolution, administrative issues or other needs not directly related to patient care. The fellow meets at least once monthly with the mentor.

Involvement in research will be an optional activity. There are a few opportunities at SAVAHCS for involvement in research; however the emphasis is largely in service delivery. In addition, there are a number of opportunities to develop clinical projects from current performance improvement outcomes in the outpatient trauma related clinics. Postdoctoral fellows who are interested in pursuing PTSD research are encouraged to apply for career development awards through the VA system.

Postdoctoral Clinical Activities

Mental Health Residential Rehabilitation and Treatment Program, PTSD (MH RRTP-PTSD)

The residential PTSD training experience involves intensive trauma and skills-based treatment and psychosocial rehabilitation for a diagnostically and psychosocially complex patient population, within a complex interdisciplinary system. Patients have typically experienced multiple (and repeated) types of trauma exposure, have significant medical and psychiatric comorbidities, and have needs for psychosocial stabilization (e.g., housing, employment). Case conceptualization, interdisciplinary consultation and coordination, and balancing multiple clinical (i.e., group therapist, individual therapist, case manager) and professional (e.g., educator, co-facilitator, consultant) roles are hallmarks of the experience. As the program emphasizes therapeutic exposure, individual treatment typically utilizes Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Written Exposure Therapy (WET), or adapted PE (e.g., COPE, STAIR/NST, Adaptive Disclosure) imaginal protocols. Group therapy offerings include DBT-based skills, mindfulness-based approaches, CPT, and in vivo exposures. As the program employs cohort-based treatment, interventions in interpersonal processes and group dynamics (within the patient cohort and the treatment team) are also necessary. Elective groups are developed based on assessment of client needs and are often cohort-specific. A distinctive role of the psychology service in this environment is ongoing assessment and creating data-based individualized treatment plans, case conceptualizations, and progress feedback for Veterans and staff. In addition, fellows may have the opportunity to engage in research and program evaluation. Fellows may also have opportunities to provide formal and informal education and training to staff, or to collaborate on outreach to current or potential referral sources. The fellow's individual training goals will shape the character of the residential PTSD rotation, although duration and timing of the rotation is typically dictated by cohort admission and discharge schedules.

The MH RRTP serves veterans living in the southwest region of the US, including all of Arizona, southern California, and western New Mexico, with a high representation of Native veterans living on the reservation lands of the southwest.

Supervising psychologist: Dr. Aubrey Rodriguez

Postdoctoral Project

Fellows complete a project that is primarily program development and evaluation. This scope can span from the very clinical (e.g., creating a group curriculum and delivering and evaluating it) to the very administrative. For instance the VA uses Strategic Analytics for Improvement and Learning (SAIL) data. SAIL draws data from existing measures prepared by VHA Program Offices and VA national databases for inpatient and outpatient care and facility characteristics. The fellow may choose to use and analyze this data and create action plans.

Supervision Training Seminar

In order to develop further expertise in providing clinical supervision, the Postdoctoral Fellow co-leads with at least one psychologist a weekly Supervision Seminar attended by all psychology interns. The Supervision Seminar allows for exposure to principles and models of supervision both through didactic and experiential approaches. Readings on models of supervision and

critical issues in the supervisory process and relationship are assigned and discussed with special attention to multicultural issues. Self-reflective practice is encouraged and modeled by the Fellow through facilitated peer supervision of intern's psychotherapy cases and supervision of social work interns when available. Supervising Psychologists: Drs. Mathis and Walker

Seminars and Professional Development Activities

The Postdoctoral Fellow will be participating in regular didactic activities including, but not limited to, regular scholarly reading in the trauma literature, enrichment seminars, relevant in-services, workshops, and teleconferences. These are important activities for professional development.

The fellow will be provided with/or directed to appropriate readings and/or workshop activities needed to provide scientific and scholarly exposure to relevant research, theory, and principles associated with assessment and treatment of post-traumatic stress disorder (PTSD). This includes access to the intern library of materials on empirically supported treatments. Online resources will also be identified for core reading (An excellent source is www.ncptsd.com). The facility library also has excellent resources (both printed and audiovisual) which the fellow is encouraged to explore.

The postdoctoral fellow participates in more formal didactics, which reflect our view that the postdoctoral fellow is similar to staff members in terms of level of continuing educational needs. As such, most didactics are the same as those staff attend. These include:

- 1) The twice monthly psychologists and training committee meeting
- 2) Preparing and presenting the monthly Lunch and Learn trauma didactics.
- 3) The fellow may attend additional educational seminars, to include, but not limited to:

- MST Teleconference Training Series
- PTSD Consultation Program Lecture Series
- Monthly National Diversity Seminar VTEL
- Monthly Continuing Education via Phoenix VAMC (APA CE)

Facility and Training Resources

Each fellow will be provided with their own office in the Mental Health outpatient building. Each office is equipped with a free-standing computer with access to the SAVAHCS local area network and the internet. The SAVAHCS medical library is available to fellows, and online access is available to its catalogue, literature search engines, and other resources. In addition, there is a reference library in the predoctoral intern office to which the fellow has access. Medical Support Assistants (MSA) provide clerical support by scheduling veterans for appointments into the computer system. They also greet and check each veteran in. Technical support is through the information technology department and the IT helpdesk regarding any urgent problems regarding the computer system.

The Evaluation Process

Initial Informal Evaluation: At the beginning of the fellowship, the postdoctoral fellow completes the Postdoctoral Evaluation of Competence and Training, providing a self-evaluation in the areas of psychological assessment, clinical intervention, team function, professional

development, and supervision skills. The self-evaluation serves as the background to the learning contact established between the program supervisors and the postdoctoral fellow.

Competency Evaluations: Written feedback is provided at three intervals during the training year: 4, 8, and 12 months. In addition, regular verbal feedback is given during supervision sessions and during monthly meetings with the Psychology Training Director. These competencies are consistent with the scholar-practitioner model of training and provide quantitative as well as qualitative measures of progress.

Requirements for Completion

Fellows need to satisfactorily engage in their individualized training plans and review progress regularly. Attend required training and seminars as well as comply with other administrative requirements of the fellowship. On the competency rating forms, the fellow must achieve competency at the high intermediate to advanced skill level on 80% of the items by the end of the first four months of the fellowship. By the end of the fellowship, the fellow must achieve competency at the advanced skill level on 80% of items on the competency rating forms. Additionally, fellows need to have not been involved in any breaches of the APA Ethics Code.

The program solicits regular feedback from the fellow on a trimester basis as well as informally. The fellow will meet monthly with the Psychology Training Director. Effectiveness in training includes taking part in the review of clinical cases that is a standard part of quality management at this facility.

Effectiveness in training can be seen in ability to obtain professional positions in treatment and/or research in the area of trauma. Therefore, the program's effectiveness will also be evaluated by monitoring the professional achievements of fellows after their completion of the program. Evaluative questionnaires are sent to graduates one and three years following completion of the residency program. This feedback provides information on strengths and weaknesses of the postdoctoral program from the retrospective view of former fellows who have had a chance to consider how the training program facilitated their professional development and success or failed to do so. This vital feedback allows us to continue to develop and strengthen our training.

The Application Process

The deadline for receipt of all completed application materials is **January 3**.

The following materials must be submitted as part of the APPIC Psychology Postdoctoral Application—APPA CAS: <http://www.appic.org/>

- A letter of interest that identifies career goals, expectations of training, trauma treatment experiences, and goodness of fit with the Fellowship.
- A doctoral program transcript (copies acceptable)
- A current curriculum vitae
- Letter of status from academic program and anticipated completion date
- Three letters of recommendation, one of which must be from an internship supervisor

Our program follows the APPIC guidelines for postdoctoral recruitment and selection, including the Uniform Notification Date of February 22, 2022. For information, visit the APPIC website (www.appic.org). For additional information about this process, please visit the APPIC website

at: <https://www.appic.org/Postdocs/Postdoctoral-Selection-Guidelines/Postdoctoral-Selection-Guidelines>

Prior to starting the program, the Psychology Fellow must have completed all requirements for the doctoral degree (Ph.D. or Psy.D.) in Clinical or Counseling Psychology from an institution accredited by the American Psychological Association, including the completion of an APA-accredited doctoral internship in professional psychology. An internship and/or practicum experiences involving the following populations or clinics are not required, but applicants with these backgrounds will be preferred: Post-traumatic Stress Disorder (PTSD) and other trauma-related diagnoses, Substance Use Disorders.

See Appendix A for Eligibility Requirements for All VA Programs

Administrative Policies and Procedures

Leave policies follow the national VA standards for sick and annual leave. Five working days of Authorized Absence will be granted for approved professional activity including attendance at educational events, conferences, and similar activities. To be approved, educational events or conferences must be relevant to practice or research in clinical or counseling psychology. The professional relevance of the activity is judged by the Director of Psychology Training, after consultation with other staff psychologists as necessary. Please note that job interviews do not qualify for Authorized Absence.

Self-Disclosure: We do not require fellows to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting the fellow's performance and such information is necessary in order to address these difficulties.

Non-Discrimination Policy

The Southern Arizona VA Health Care System is an Equal Opportunity Employer. The Psychology Postdoctoral Fellowship Program places a high value on diversity and encouraging cultural competency. We select and welcome candidates from a diverse group of geographic areas, backgrounds, and experiences.

VA policy ensures all personnel actions are free from discrimination based on race, color, religion, gender, national origin, or disability. This is in compliance with Title VII of the Civil Rights Act of 1964 – Section 717 and The Rehabilitation Act of 1973 – Section 501.

Record Keeping

The Southern Arizona VA Health Care System (SAVAHCS) Psychology Training Program maintains all trainee records in a locked cabinet in the Psychology Training Office. These records are retained in perpetuity. Trainee records are clearly marked both by year and with each individual's name. As of training year 2019, records are also kept in a secure folder on the SAVAHCS shared drive.

SAVAHCS Postdoctoral Fellows

2021-2022	Central Michigan University	PhD
2020-2021	Colorado State University	PhD
2019-2020	Fielding Graduate University	PhD
2018-2019	University of Kansas	PhD
2016-2017	University of Alabama	PhD
2015-2016	University of Missouri	PhD
2014-2015	Nova Southeastern University	PsyD
2013-2014	Alliant International University	PhD
2012-2013	University of Texas	PhD
2011-2012	University of Southern Mississippi	PhD

Meet the SAVAHCS Psychology Staff

Directly Involved with Postdoctoral Training

AUBREY RODRIGUEZ, Ph.D.

University: University of Southern California

Assignment: Program Manager/Supervisor for Mental Health Residential Rehabilitation and Treatment Program (MH RRTP) – PTSD Track

Theoretical Orientation: Dr. Rodriguez's primary orientations are cognitive-behavioral and interpersonal/ systemic with a focus on evidence-based principled practice, which may find expression in manualized EBT protocols such as PE or CPT as well as rigorously developed individualized applications of empirically-supported principles (e.g., inhibitory learning approaches to guide exposure, positive emotion savoring exercises derived from basic research on the role of memory in maintenance of depression, building discrepancy between beliefs and behavior with targeted behavioral homework assignments). Dr. Rodriguez also emphasizes the use of client-generated data (behavioral observation or self-report) to guide treatment planning, and assessment and intervention at the levels of client, social system, and client-system interactions.

Professional Interests/Research: Clinical – Empirically-supported treatment of PTSD and trauma-related disorders, Program development and evaluation; Research -- Family Systems, Role of relational context in individual adaptation to stress/trauma, Stress physiology

JANE HOUGHTALING WALKER, Ph.D., HSPP

University: Purdue University

Assignment: Program Manager/Supervisor for PTSD Clinic (Outpatient Clinic) Team Supervisor

Theoretical Orientation: Dr. Walker's primary therapy orientation is cognitive behavioral. She previously provided trauma treatment utilizing Cognitive Processing Therapy, though much of her work at SAVAHCS is administrative.

Professional Interests: Dr. Walker enjoys organizational consulting, program development, trauma work, military psychology, and mentoring/clinical supervision. Dr. Walker never served on active duty but has worked in both the Army and Air Force as a clinical psychologist, in Texas and Okinawa, Japan.

Other Psychologists on Staff

CHRISTOPHER ADAMCZYK, Psy.D.

University: Arizona School of Professional Psychology

Assignment: Casa Grande Community Based Outpatient Clinic

Theoretical Orientation: Dr. Adamczyk's orientation is cognitive behavioral. Originally from Buffalo, NY, Dr. Adamczyk spent four years in the U.S. Army as an Armor Crewmen and two years as a Calvary Scout.

Professional Interests/Research: He has a variety of interests to include substance use treatment, treatment of trauma, co-occurring disorders, SMI, and palliative/hospice care.

DAVID BEIL-ADASKIN, Psy.D.

University: Wheaton College

Assignment: Clinical Psychologist; Home-Based Primary Care (HBPC)

Professional Duties: Dr. Beil-Adaskin was PTSD Clinical Team (PCT) Lead from 2009-2017. He was promoted to Lead Psychologist/Mental Health Clinic Supervisor from 2017-2019. In the latter role, he helped further the discipline of psychology and the APA-accredited Psychology Training Program. He also served as a voting member on the SAVAHCS Credentialing Committee, Chairperson of the Disruptive Behavior Committee, SAVAHCS Local Evidenced-Based Therapy Coordinator, Employee Threat Assessment Team Co-Chair, and as clinical member of the Caregiver Program. He began working in HBPC in June, 2019.

Clinical Interests: Dr. Beil-Adaskin's primary theoretical orientation is cognitive-behavioral with a specialization in evidence-based therapies (EBTs) for Posttraumatic Stress Disorder (PTSD). Dr. Beil-Adaskin is a former military Psychologist whose duties included training and supervision of military clinicians in the administration of EBTs.

NICOLE M. FARMER, Ph.D.

University: The University of Kansas

Assignment: Home Based Primary Care (HBPC) Psychologist

Professional Duties: In HBPC, Dr. Farmer works with an interdisciplinary team serving the most medically complex Veterans. She helps to implement EBP along with providing behavioral education to VA staff, and caregivers in the community. Dr. Farmer can provide supervision within the unique HBPC setting which fosters growth in clinical technique, health related assessments, and professional development.

Theoretical Orientation: Dr. Farmer practices from a cognitive-behavioral orientation.

Professional Interests/Research: Dr. Farmer is passionate about the SAVAHCS training experience having completed both internship, and a trauma postdoctoral fellowship at this VA. Dr. Farmer's most current research interests include provider burnout, and group supervision.

SABRINA K. HITT, Ph.D.

University: University of Arizona

Assignment: Yuma Mental Health Clinic Based Outpatient Care, Behavioral Health Interdisciplinary Program

Theoretical Orientation: Dr. Hitt's theoretical orientation is primarily cognitive-behavioral, and she also draws from different theoretical approaches to tailor treatment to the individual client. She is particularly interested in 3rd wave therapies and a mind-body approach to helping clients. She incorporates elements of mindfulness meditation into cognitive therapy when appropriate, e.g. for emotion regulation, and managing stress and anxiety. The therapeutic relationship is considered the foundation for change, and a client-centered approach is emphasized. She participated in special training for acceptance and commitment therapy and cognitive behavior therapy and is certified through the VA to provide ACT and CBT. She is also a training consultant for the National VA ACT-Depression rollout and provides consultation to therapists at other VAs who are learning ACT.

Professional Interests/Research: Acceptance and Commitment Therapy, mindfulness

ABIGAIL NGAYAN, Psy.D.

University: Wright State University

Assignment: Mental Health Clinic

Theoretical Orientation: Dr. Ngayan's theoretical orientation is integrative with primarily cognitive-behavioral underpinnings. She specializes in trauma-focused care and utilizes Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), and Dialectical Behavior Therapy (DBT). She also has experience working with Veterans who have experienced intimate partner violence with the Recovering from IPV through Strengths and Empowerment (RISE) protocol and working with Veterans who have used intimate partner violent behaviors with the Strength at Home protocol.

Professional Interests: Military trauma, interpersonal trauma, complex trauma, and crisis management.

PETER J. SANCHEZ, Ph.D.

University: New Mexico State University

Assignment: Primary Care-Mental Health Integration (PC-MHI)

Theoretical Orientation: Dr. Sanchez's orientation is Interpersonal Psychotherapy and CBT. This orientation focuses on the role of the cognitions, life solutions, and behaviors in the context of inter- and intrapersonal relationships to sustain positive change. Within the brief model of therapy in PC-MHI, maladaptive solutions, behaviors and cognitions are brought to light and modified by a collaborative interaction between patient and therapist, with a primary focus on activating more adaptive and productive behaviors.

Professional Interests/Research: Multicultural factors on psychological development and health; personal development throughout the lifespan utilizing western and eastern practices, process interactions in psychotherapy, and the interaction of substance use and health.

Professional Interests: Psychotherapy, substance abuse, developmental trauma, personality functioning.

FRED W. WIGGINS, Ph.D.

University: Indiana University

Assignment: Consultation/Supervision/Education

Theoretical Orientation: Dr. Wiggins' theoretical orientation is best described as multi-modal integrated. While drawing on Rogerian principles for building the therapeutic relationship he conceptualizes clinical issues primarily from a psychosocial developmental perspective. Therapeutic change is facilitated through the utilization of a variety of cognitive-behavioral, cognitive-emotional, solution focused, and insight-oriented intervention strategies as determined by the client's expressed needs in the therapeutic relationship.

Professional/Research Interests: Individual, Couples, and Group Psychotherapy, Multicultural Counseling and Development, Organizational Consultation, Teaching and Training.

KATHLEEN YOUNG, Psy.D.

University: Illinois School of Professional Psychology

Assignment: Sierra Vista Community Based Outpatient Clinic

Theoretical Orientation: Dr. Young's theoretical orientation underpinning her approach to treatment is psychodynamic, relational, and trauma-informed. She incorporates evidence based treatment modalities including Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behavior Therapy (DBT), and Eye Movement Desensitization and Reprocessing (EMDR). Dr. Young has many years of experience providing trauma-informed training, treatment, and supervision.

Professional Interests/Research: Sexual Trauma, Complex trauma, Mindfulness, LGBTQ issues.

Brandon A. Markel, PsyD, MBA

University: Illinois School of Professional Psychology

Assignment: Chief of Psychology/Director of Psychology Training

Theoretical Orientation: Dr. Markel identifies himself as a behaviorist with components of cognitive theory. His approach to treatment includes the use of several theoretical models including Inhibitory Learning Theory (Craske, et. al.), The Bioinformational Model (Lang), Emotional Processing Theory (Foa), Information Processing Theory (Atkinson & Shiffrin), Relational Frame Theory (Hayes, et. al.), and the Cognitive Model (Beck; Ehlers & Clark). Dr. Markel prefers the use of models of psychotherapy including cognitive processing theory (CPT), prolonged exposure (PE), exposure and response prevention (E/RP), behavioral activation (BA), eye movement desensitization and reprocessing (EMDR), and cognitive therapy (CT).

Professional Interests/Research: Complex trauma, personality pathology, refractory presentations of depression, anxiety, and related conditions, process improvement, program development, organizational systems and operations, quality improvement, and academic instruction.

Appendix A

Postdoctoral Program Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 11/16/2021

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements.

The Postdoctoral Fellowship* Program is seeking energetic, personable, diverse, and well-qualified applicants with strong skills in the areas of assessment, individual therapy, group therapy, and consultation. A strong desire and evident dedication to treating veterans who have experienced trauma is a must. Interest and experience in the area of PTSD treatment should be evident in past training and/or experience. Applicants must be able to take initiative and function with good judgment, flexibility, and maturity.

* Our psychology postdoctoral residents are known as fellows at this facility.

Describe any other required minimum criteria used to screen applicants

Prior to starting the program, the Psychology Fellow must have completed all requirements for the doctoral degree (Ph.D. or Psy.D.) in Clinical or Counseling Psychology from an institution accredited by the American Psychological Association, including the completion of an APA-accredited doctoral internship in professional psychology. An internship and/or practicum experiences involving the following populations or clinics are not required, but applicants with these backgrounds will be preferred: Post-traumatic Stress Disorder (PTSD) and other trauma-related diagnoses, Substance Use Disorders.

Eligibility Requirements for All VA Programs

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment.

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. Selective Service Registration. Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. Fingerprint Screening and Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. Drug Testing. Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however are subject to random drug testing

throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.

6. Affiliation Agreement. To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.

7. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director.

Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>.

a. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare. Please be aware that this position is required to participate in the seasonal influenza and Coronavirus Disease 2019 (COVID-19) Vaccination programs and are a requirement for all Department of Veterans Affairs Health Care Personnel (HCP). It is a requirement that all HCP receive the COVID-19 vaccination and annual seasonal influenza vaccination or obtain an exemption for medical or religious reasons. Wearing a face mask is required when an exemption has been granted. HCP in violation of these directives may face disciplinary action up to and including removal from federal service.

b. Primary source verification of all prior education and training is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.

8. Additional On-boarding Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

9. Proof of Identity per VA. VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>. Additional information regarding eligibility requirements (with hyperlinks)

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. VA Handbook/Directive 5005, <https://vaww.va.gov/OHRM/Directives-Handbooks/Documents/5005.pdf>.

- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

Additional information specific suitability information from Title 5 (referenced in):

(a) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

(b) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;
- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.

<i>Financial and Other Benefit Support for Upcoming Training Year</i>	Annual Stipend/Salary for Full-time Residents	\$52,708.00
	Annual Stipend/Salary for Half-time Residents	N/A
	Program provides access to medical insurance for resident?	Yes
	If access to medical insurance is provided: Trainee contribution to cost required?	Yes
	Coverage of family member(s) available?	Yes
	Coverage of legally married partner available?	Yes
	Coverage of domestic partner available?	No
	Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
	Hours of Annual Paid Sick Leave	104
	In the event of medical conditions and/or family needs that require extended leave, does the program	Yes

	allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	
	Other Benefits (please describe): Medico-legal liability coverage for clinical activities performed in the course of fulfilling training requirements; may qualify for child care subsidy (see HR); 11 Federal Holidays	
	<i>Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table</i>	
Initial Post-Residency Positions (Provide an Aggregated Tally for the Preceding 3 Cohorts) 2019-2021		
Total # of residents who were in the 3 cohorts: 3		
Total # of residents who remain in training in the residency program: 0		
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		2
Military health center		
Academic health center		
Other medical center or hospital Psychiatric hospital		
Academic university/department		
Community college or other teaching setting Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other		
Unknown		

“PD” = Postdoctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Appendix B

Due Process in Evaluation and Remediation

Admission Into the Fellowship Program Under False Pretenses

The validity of the postdoctoral fellow's application to the Postdoctoral program is implicit throughout our selection and employment procedures. However, there are rare occasions when the subsequently observed performance of the fellow is markedly below the level which would be predicted from previously reported experience levels. When there is compelling evidence that the fellow has been admitted to the Postdoctoral program through misrepresenting the experiences reported on the original application, the Postdoctoral Fellowship administration must consider taking action to examine and remedy the problem. Misrepresentation of credentials for undertaking a postdoctoral fellowship at the Southern Arizona VA Healthcare System Fellowship is violation of legal standards in employment and a violation of Ethical Principles and Code of Conduct of the American Psychological Association. Thus, misrepresentation of credentials is grounds for expulsion from the Postdoctoral Fellowship training program.

Concerns about the fellow's accurate self-representation on application materials may be raised by supervisors or the Director of Clinical Training. When such a concern has been issued, the Director of Clinical Training will immediately place the fellow on probationary status. The Training Committee will investigate all relevant aspects of the complaints (including review of original materials, appropriate discussion of concerns with the fellow, and follow-up with references, as deemed necessary. The Training Committee will present its findings to the Lead Psychologist. The Training Committee will determine what steps will be appropriate in light of the evidence presented. If the Training Committee chooses to expel the fellow from the Postdoctoral fellowship, communication of this intent will be made to the Director of Training.

Definition Of Professional Competency Problems In Fellow Performance

Three general categories of professional functioning are the focus of the performance evaluations:

1. Knowledge and application of professional standards (ethics, relevant mental health statutes and laws, professional deportment, etc.)
2. Clinical competence (assessment, diagnosis, conceptualization, treatment planning, intervention, evaluation of treatment, termination).
3. Personal deportment (appropriateness of interpersonal behavior, responsiveness to supervision, management of personal stress, etc.)

A fellow judged by any staff psychologist as failing to meet program expectations in any of the three principle areas of professional functioning identified above will be informed of this judgment as early as possible

Procedures For Responding To Problematic Performance and/or Problematic Conduct

Informal recommendations for remediation will be made to the fellow initially by the staff member who has judged the fellow's performance to be deficient. If, in the opinion of that staff psychologist, the fellow fails to respond to these recommendations, specific written recommendations for remediation will be provided to the fellow, the Training Committee, and to the Director of Psychology Training. A time frame will be established during which the fellow will be expected to make the recommended improvements. The fellow will be provided with maximum support of the Director of Psychology Training and the staff psychologists in making these recommended improvements.

Specific recommendations to the fellow may include:

1. A change in supervision:
 - a. Increasing the frequency.
 - b. Changing the format (conduct tape review, conduct co-therapy, etc.)
 - c. Changing the focus (targeting specific client behaviors, etc.)
 - d. Changing supervisors.
2. Reducing the size of the fellow's caseload and/or range of responsibilities in order to allow more time for careful planning, case review, etc.
3. Decreasing the complexity of the clinical problems represented in the fellow's caseload.
4. In urgent cases, if a fellow identifies a personal issue that interferes with performance or training, referral is made to the Employee Assistance Program for immediate assistance.

In most cases, such recommendations will be sufficient to motivate the fellow to make the required improvements in professional functioning.

Failure to Correct Problems

A fellow who fails to respond adequately to the procedures and recommendations described above for improved functioning may be judged as having professional competency problems.

The policies and procedures regarding such competency problems are based upon the work of Lamb, D., Cochran, D., Jackson, V. (1991) and Lamb, D., Presser, N., Pfost, K., Baum, M., Jackson, R., and Jarvis, P. (1987).

Broadly defined, this involves a failure to achieve expected competency in one or more of the following ways:

1. Inability or unwillingness on a fellow's part to acquire and integrate professional standards into his or her repertoire of professional behavior,
2. Inability to acquire professional skills and to reach an acceptable level of competence,
3. Inability to control personal stress, psychological dysfunction, or emotional reactions that may adversely affect professional functioning (Lamb et al. 1987).

Specifically, a fellow experiencing difficulty in reaching competency levels has one or more of the following characteristics (Lamb et al. 1991):

1. The fellow does not acknowledge, understand or address problematic behavior when it is identified.
2. The problematic behavior is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
3. The quality of service provided by the fellow is consistently affected in a negative way.
4. The problematic behavior is not restricted to one area of professional functioning.
5. The problematic behavior has potential for ethical and/or legal ramifications if not addressed.
6. A disproportionate amount of attention is required by training personnel in efforts to deal with the fellow and the problematic behavior.

7. The fellow's behavior does not change as a function of feedback, efforts at remediation, or time.
8. The fellow's behavior negatively affects the public image of the Psychology Fellowship or SAVAHCS.

Probationary Status

Once a fellow's professional activity and competency level has been judged to contain these characteristics, he or she will be notified by the Director of Psychology Training that he or she has been placed on "probationary" status. This is part of the *formal process* of dealing with professional competency problems. The Director of Psychology Training has a responsibility to explore thoroughly and to document the fellow's problematic behaviors. Questions to be asked in this process include:

1. What are the actual behaviors that are of concern and where are they included in the competency evaluation criteria?
2. How and in what settings have these behaviors been evident?
3. What are the negative consequences of these behaviors for the Veterans Administration Medical Center and its patients and clients?
4. Who observed the behaviors in question?
5. Who or what was affected by these behaviors and in what way?
6. What is the frequency of the behaviors?
7. Has the fellow been informed fully of the problematic nature of the behaviors? If so, how did he or she respond to this information?
8. Has the feedback regarding this behavior been documented? In what format?
9. How serious is the behavior on the continuum of ethical and professional behaviors?

Once the recommended improvements in functioning have been made to the satisfaction of (a) the staff member initially reporting them, (b) the Training Committee, (c) the Director of Psychology Training, or (d) the Lead Psychologist, probationary status will be lifted.

In the rare situation in which a fellow's remediation needs are so extensive that they cannot be handled within the postdoctoral training experience, it will be recommended that the fellow be terminated from employment, following Human Resources protocol. In this case, no certificate of successful completion of postdoctoral fellowship will be issued by SAVAHCS.

Exceptions

The Program recognizes that there may exist exceptional situations, such as egregious behavior or unethical behavior. Any behavior that has the potential for harm to a client(s) will result in a suspension of client contact during the due process procedure. The procedure will continue as noted above with this one exception.

REFERENCES:

Lamb, D., Cochran, D., Jackson, V. (1991) Training and organizational issues associated with identifying and responding to intern impairment. *Professional Psychology: Research and Practice*, 22, 291-296.

Lamb, D., Presser, N., Pfof, K., Baum, M., Jackson, R., and Jarvis, P. (1987) Confronting professional impairment during the internship: identification, due process, and remediation. *Professional Psychology: Research and Practice*, 18, 597-603.

Illegal or Unethical Behavior

Illegal or unethical conduct by a fellow should be brought to the attention of the Training Director in writing. Any person who observes such behavior, whether staff or trainee, has the responsibility to report the incident.

- The Training Director, the supervisor, and the fellow may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the fellow's file.
- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the fellow of the complaint. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties. All involved parties will be encouraged to submit any relevant information that bears on the issue, and invited to attend the Training Committee meeting(s).
- In the case of illegal or unethical behavior in the performance of patient care duties, the Training Director may seek advisement from appropriate Medical Center resources, including District Counsel, as well as the American Psychological Association, VA Office of Academic Affiliation, and Association of Psychology Postdoctoral and Internship Centers.
- Following a careful review of the case, the Training Committee may recommend either probation or dismissal of the fellow. Recommendation of a probationary period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the fellow's appointment at the Southern Arizona VA Health Care System.

Dismissal of a Fellow

Procedures For Dismissing A Fellow

When the staff psychologist(s) who initially reported a fellow's failure to meet program expectations and professional competency, the Training Committee, the Director of Psychology Training, and the Lead Psychologist, unanimously agree all reasonable efforts to rectify the fellow's deficits have been made and the fellow is unable or unwilling to alter his or her behavior, then consideration of termination of the fellow's participation in the postdoctoral fellowship program is appropriate.

Following the recommendations of Lamb, et al. (1991), the Director of Psychology Training will take the following steps before the fellow is informed of his or her dismissal.

1. Review the SAVAHCS institutional implications of the decision from legal, personnel, budgetary, and other relevant perspectives. Institutional policies and procedures applicable to dismissal of an individual in the employment category covering Psychology Postdoctoral Fellow must be followed.
2. Send a letter to the fellow reiterating the problematic behavior in question, the fellow's lack of adequate response to requests for change, and the reasons for dismissal.
3. Decide how and when the fellow's dismissal will take place. It is unlikely that he or she will have a clinical caseload, and the departure must be planned in such a way that it causes a minimum of disruption or difficulty for the fellow and his or her clients. During any period between notification of dismissal and the fellow's actual departure from the program, any responsibilities the fellow continues to fulfill will be explicitly described in writing.

4. Provide the fellow an opportunity to appeal the decision to dismiss. This appeal process will conform to due process guidelines applicable at SAVAHCS. If no appeal is initiated, all parties involved will be informed of the exit date of the fellow.
5. Review the proposed action and the corresponding written statements in consultation with the Chief Executive Officer of SAVAHCS or his or her designee, the Chief of Human Resources Management, VAMC legal counsel, the Association of Psychology Postdoctoral and Internship Centers, and the American Psychological Association.

Appeal of Decision to Dismiss a Fellow

From the time the impaired fellow is informed of the decision to dismiss him or her from the fellowship program, he or she will have one week to initiate an appeal of that decision. The appeal shall be submitted in writing to the Director of Psychology Training. The appeal shall include a request that a Board of Appeal be established as expeditiously as possible. Within ten days of receipt of the request for appeal, the Director of Psychology Training shall form a board consisting of one person, from the psychology staff, selected by the fellow to be dismissed and at least two of the following:

1. Director of Psychology Internship, Arizona Health Sciences Center, or his/her designee.
2. Director, graduate program in Clinical Psychology, University of Arizona, or his/her designee.
3. Director of Psychology Internship, Southern Arizona Psychology Internship Consortium, or his/her designee.

In closed session, the board will review the facts of the case as presented by the Director of Psychology Training and the fellow. The board will be authorized to return one of three possible decisions:

1. To support the fellow's dismissal.
2. To reinstate the fellow in the postdoctoral fellowship program with no conditions.
3. To deny immediate dismissal but recommend a course of remedial action/training to be completed by the fellow by a specified date. If the recommended action or training is not completed by the specified date, dismissal will proceed. The board shall have responsibility for monitoring the fellow's progress in meeting its recommendations.

If the above process fails to resolve the situation, the fellow or the Director of Training can take further action in accordance with SAVAHCS policies regarding due process and employee dismissal.

During the interval between written notification to the fellow that he or she will be dismissed and completion of deliberation by the Board of Appeal, the fellow may be relieved of all or part of his or her responsibilities within the Psychology Programs.

Fellow Grievance and Complaint Procedures

We believe most problems are best resolved through face-to-face interaction between fellow and supervisor or other staff as part of the on-going working relationship. Fellows are encouraged to first discuss any problems or concerns with their direct supervisor. In turn, supervisors are expected to be receptive to complaints, attempt to develop a solution with the fellow, and to seek appropriate consultation. If fellow-staff discussions do not produce a satisfactory resolution of the concern, a number of additional steps are available to the fellow.

Grievances are defined as:

1. Violations of ethical conduct or professional standards.
2. Harassment and/or discrimination.

3. Matters of serious concern that remains unresolved after direct exchange between the fellow and involved staff member(s).

1. Informal mediation. Either party may request the Training Director to act as a mediator, or to help in selecting a mediator who is agreeable to both the fellow and the supervisor. Such mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the fellow change programs in order to maximize their learning experience. Fellows may also request a change in program assignment. Changes in program assignments must be reviewed and approved by the Training Committee.

2. Formal grievances. In the event that informal avenues of resolution are not successful, or in the event of a serious grievance, the fellow may initiate a formal grievance process by sending a written request for intervention to the Training Director. Grievances are to be submitted in writing and must include a statement of the grounds for the grievance, the date(s) of the incident(s) constituting the grounds for the grievance, and the name of the psychologist against whom the grievance is being submitted. The written grievance should include a recommended course of action for resolution of the grievance. The written grievance shall be submitted to the Director of Psychology Training or, if that individual is the object of the grievance, to the Lead Psychologist. Of note, the fellow will be removed from supervision with the supervisory psychologist, whom the grievance is against, while this process is undertaken.

- a. The Training Director will notify the Lead Psychologist of the grievance and call a meeting of the Training Committee to review the complaint. The fellow and supervisor will be notified of the date that such a review is occurring, and given an opportunity to provide the Committee with any information regarding the grievance
- b. Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the fellow's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in program placement.
- c. The fellow will be informed in writing of the Training Committee's decision, and asked to indicate whether they accept or dispute the decision. If the fellow accepts the decision, the recommendations will be implemented. If the fellow disagrees with the decision, they may appeal to the Lead Psychologist. The Lead Psychologist will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee.
- d. In the event that the grievance involves any member of the Training Committee (including the Training Director), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Training Director may be submitted directly to the Lead Psychologist for review and resolution.
- e. Any findings resulting from a review of an fellow grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to the Lead Psychologist for appropriate personnel action.
- f. These procedures are not intended to prevent a fellow from pursuing a grievance under any other mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Fellows are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in Arizona by contacting the office of the Board of Psychology. In order to ensure that negative repercussions do not accrue to an aggrieved fellow, an EEO counselor will be selected to monitor the fairness with which the fellow is treated throughout the remainder of the fellowship year, should this additional process become necessary. The

counselor will have the responsibility and authority to raise issues of inequity and unfair treatment with the Director of Psychology Training and to seek to have the unfair or inequitable practices halted and redressed.

- g. The policy stated herein applies only to grievances filed against staff of the Psychology Fellowship program. Grievances against other employees of SAVAHCS are to be filed according to the Equal Employment Opportunity Committee grievance procedures applicable to this medical center. Grievances shall be initiated by the fellow within the fellowship year, which commences on the day that the fellow is officially processed in as an employee of SAVAHCS and continues for 52 weeks following that date or until the fellow is officially no longer an employee of SAVAHCS.